patient autonomy and integrate family perspectives, training clinicians in empathy, active listening, and skills for managing transference and highly expressed emotion.
Conclusions: A therapeutic alliance with families is a crucial recovery factor when indicated. It strengthens patient engagement, prevents relapse, and supports caregiver well-being. The implementation of structured, evidence-based family interventions should become a routine practice in mental health services. Developing professional skills and institutional support for collaboration with families is crucial to overcoming barriers and implementing recommendation into sustainable clinical outcomes.

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EPV1578

Pineal Process and Psychiatric Manifestations : a case report

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Introduction: Tumors in the pineal region can originate from structures surrounding the pineal gland (the posterior part of the third ventricle, the aqueduct of Sylvius, the ambient cistern, the tectal plate, the thalamus, the midbrain, the corpus callosum, the dura mater of the tentorial apex), as well as from the pineal gland itself. These tumors are complex, often histologically composite, and present with different clinical and histological characteristics depending on the age of onset.Psychiatric manifestations are common in patients with pineal processes. This association between pineal processes and psychiatric manifestations raises specific pathophysiological, etiological, and therapeutic questions. We propose to address this issue through a clinical case.
Objectives: Highlight the different psychiatric manifestations associated with the pineal process, as well as the appropriate therapeutic management
Methods: We report the case of a 28-year-old patient with a history of diabetes insipidus since childhood, who has been under neurosurgical care since 2021 for the management of a pineal process following the progressive onset of hydrocephalus with behavioral disturbances and insomnia. Given these symptoms, the patient underwent a brain MRI, which revealed a tumor in the pineal region without signs of peripheral extension. Tumor markers were negative in both blood and CSF.
Results: The patient underwent tumor resection with biopsy and intraoperative examination in 2021, revealing a histological type of germinoma. He then received additional chemotherapy over 12 sessions, with regular follow-up in neurosurgery through physical examination and MRI every six months for the first two years, then once a year. The most recent follow-up MRI showed regression of the process without hydrocephalus. The patient was referred to psychiatry for the management of apathy, indifference with behavioral disturbances, a tendency to wander, delusional verbalizations, attention and memory disturbances, and insomnia. The psychiatric interview revealed a persecutory delusional syndrome centered on his surroundings, a hallucinatory syndrome with auditory hallucinations, and impaired judgment and insight. The patient was prescribed Aripiprazole 10 mg/day and Trazodone 25 mg/day with good progress.
Conclusions: There are well-defined links between the pineal process and psychiatric manifestations. A better understanding of these links could shed light on the etiopathogenesis of psychiatric symptoms, ensuring better patient care and improving their quality of life.

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Serum ferritin levels are positively associated with the severity of schizophrenia symptoms

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Introduction: Research studies have shown abnormal iron metabolism parameters, including altered iron, ferroportin, and ferritin concentrations, in schizophrenia. In recent years, the issue has been re-examined using increasingly modern methods, where precise post-mortem and imaging studies show firm results indicating abnormal iron metabolism in the brains of people with schizophrenia. Serum ferritin levels could be associated with abnormal iron metabolism in the central nervous system in schizophrenia. Alternatively, ferritin as an acute-phase protein may be involved in immune dysregulation in schizophrenia. Altered brain iron metabolism of patients with schizophrenia may influence neuronal functionality and potentially be reflected through the clinical manifestation of schizophrenia symptoms.
Objectives: To assess the relationship between serum ferritin concentration and the clinical state of schizophrenia. Additionally, to assess differences in serum ferritin concentration between people with schizophrenia and healthy controls.
Methods: 36 adult patients (33.3% female) with schizophrenia in remission (SCZ) and 38 adult healthy controls (CON) (59.7% female), matched with age, had their blood taken in the morning, before the first meal and medication. A set of blood tests, including blood ferritin concentration, was performed at the laboratory of the University Hospital in Krakow. Patients with schizophrenia underwent a precise psychiatric interview, using the Positive and Negative Syndrome Scale (PANSS), Scale for the Assessment of Negative and Positive Symptoms (SANS, SAPS). The Mann-Whitney U-test was used for intergroup analysis. Spearman's rank correlation coefficient analysis was performed to test associations between parameters in separate groups.
Results: Groups did not differ significantly in serum ferritin concentration (SCZ: Me=83.5 ug/L (Q25-75=53.5-147.75); CON: Me=65.5 ug/L (Q25-75=28-105); p=0.16). In the SCZ, serum ferritin levels correlated significantly, and positively with PANSS total score (r=0.47;p<0.01), SANS score (r=0.49;p<0.01) SAPS score (r=0.37;p<0.05) and following sums of PANSS subscales: Negative scale (r=0.47;p<0.01), Positive scale (r=0.39;p<0.05), General Psychopathology (r=0.44;p<0.01), Negative symptoms (r=0.52; p=0.001), Positive symptoms (r=0.41;p<0.05), Uncontrolled

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